



U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE

**DECLARATION**

ATTORNEY'S DOCKET NO.

1662/63402

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **HYDROGENATION OF IMINE INTERMEDIATES OF SERTRALINE WITH CATALYSTS**, the specification of which was filed on **April 14, 2004** as U.S. Serial No. **10/825,386**.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

**PRIOR UNITED STATES APPLICATION(S)**

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below.

APPLICATION NUMBER

FILING DATE  
(day, month, year)

60/462,816

14 April 2003

**SEND CORRESPONDENCE, AND DIRECT TELEPHONE CALLS TO:**

Steven J. Lee, Esq.  
KENYON & KENYON  
One Broadway  
New York, New York 10004-1050

CUSTOMER NUMBER 26646

I declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under § 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR	FAMILY NAME HERSHKOVITZ	FIRST GIVEN NAME Mordechay	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY Meitar	STATE OR FOREIGN COUNTRY Israel	COUNTRY OF CITIZENSHIP Israel
POST OFFICE ADDRESS	POST OFFICE ADDRESS Yaelin St. 6	CITY Meitar	STATE & ZIP CODE/COUNTRY 85025 Israel

Signature

*M. Hershkovitz*

Date

31.8.07

FULL NAME OF INVENTOR	FAMILY NAME KALIYA	FIRST GIVEN NAME Mark	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY Beer-Sheva	STATE OR FOREIGN COUNTRY Israel	COUNTRY OF CITIZENSHIP Israel
POST OFFICE ADDRESS	POST OFFICE ADDRESS Dov Iosef 6/2	CITY Beer-Sheva	STATE & ZIP CODE/COUNTRY 84783 Israel

Signature

*Mark Kaliya*

Date

31.8.2004.